

**CORPORATE PARENTING BOARD  
1<sup>st</sup> DECEMBER 2005**

**POLICY AND GUIDANCE RELATING TO ALCOHOL AND  
SUBSTANCE MISUSE**

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**PURPOSE OF THE REPORT**

1. The purpose of this report is to present the Corporate Parenting Board with the Policy and Guidance relating to alcohol and substance misuse for staff working within Middlesbrough's Children Looked After Service. (Appendix A)

**BACKGROUND**

2. The Policy explains the need to focus upon substance misuse issues within the Looked After Children population, whilst the guidance aims to offer practitioners a clear, safe and consistent approach to addressing specific issues. The aim of the guidance is to ensure best practice across the service in relation to our response to substance misuse and therefore to safeguard on children from its impact.

## **OPTIONAL APPRAISAL**

3. This Policy and Guidance will provide a framework from which practitioners can work. It is to be read in conjunction with the screening protocol (Appendix 1 of policy) which was produced by Harriet Booth of the Drug Action Team.

## **FINANCIAL, LEGAL AND WARD IMPLICATIONS**

4. This Policy and Guidance, along with the screening protocol, signposts to existing services. Its implementation does not, therefore, have financial implications. There are no legal or ward implications.

## **RECOMMENDATIONS**

5. It is recommended that the Corporate Parenting Board advise the Executive to:
  - a. approve the Policy and Practice Guidance relating to Alcohol and Substance Misuse.
  - b. approve the Middlesbrough Alcohol and Drug Screening and Referral Protocol

## **REASONS**

6. Elected members should be aware of positive action being taken to address alcohol and substance misuse among our children, in order that they can recommend to the Executive the approval of this Policy and Guidance. Also requested is the recommended approval of the screening protocol, which has been agreed by the Vulnerable Young People's Alcohol and Drugs Steering Group and is appended.

## **BACKGROUND PAPERS**

7. The background papers used in the preparation of this report are outlined in Page 4 of the substance misuse Policy.

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# Policy and Practice Guidance Relating to Alcohol and Substance Misuse

## 1. The Policy

Middlesbrough Council Children, Families & Learning Department aims to prevent children and young people in its care from misusing alcohol and other harmful substances. The Council will provide a safe and responsive environment for young people, foster carers, staff and managers when it is required to respond to substance use issues in keeping with its 'Integrated Care Model for young substance users'. The Practice Guidance will give direction to staff and carers in respect of:

- finding drugs/alcohol or suspected illegal substances in a child/young person's possession
- dealing with a child/young person believed to be under the influence of a substance
- Police involvement and confidentiality
- Hypodermic needles
- Local resources

This Policy is written in accordance with:

- The Middlesbrough Integrated Care Model for Substance Users
- The Children Act 1989
- The Health Advisory Services four Tier Model for Young People's Substance Responses and the Young People's Substance Misuse Plan.
- The Health Advisory Service reports 'The Substance of Young Needs' 1996, 2001.
- The Policy Guidelines for Working with Young Drug Users (Standing Conference on Drug Abuse - Scoda)
- Middlesbrough alcohol and drug screening and referral protocols (DAT)

# Practice Guidance

## 2. Dealing with Drug Related Incidents

### Value Statement

Children/young people need to be protected from the harmful effects of illicit (and legal) drug, solvent and alcohol abuse.

### Principles

- The possession of non-prescribed drugs is a criminal offence.
- Allowing one's premises to be used for their consumption is an offence, as is;
- Withholding information regarding possession.

### 2.1) Actions to take in the event of finding a drug, alcohol or suspected illegal substance

- 1) Take possession of the drug/alcohol/substance and, if the young person is in a residential placement, contact the manager of the home for a decision in respect of involving the Police.

A Foster Carer should, likewise, take possession of the substance and contact the young person's Social Worker and their Supervising Social Worker in respect of police involvement. If the discovery is outside office hours EDT should be informed and advice sought.

- 2) The substance should be packed and labelled with the date of its discovery and stored in a secure place until a decision is made regarding suitable disposal/destruction.
- 3) In the residential environment, the manager of the home will destroy the substance, having consulted with Police (i.e. if the Police do not require it as evidence.) Foster Carers will hand the substance to the child's Social Worker or Supervising Social Worker who will be responsible for its destruction – with Police guidance/approval. This is in keeping with Section 5(4) and Section 28 of the Misuse of Drugs Act.
- 4) Any instances of drug dealing must be reported to the Police and information given to the Service Manager responsible for Looked After Children.
- 5) Residential staff and Foster Carers should prevent drugs/solvents and alcohol being brought into the home by the young people in their care, wherever this is reasonably practicable.

**2.2) Actions to take in the event of finding or suspecting a young person to be in possession of a drug or alcohol**

Ask the young person to hand over the substance/items. (See later information regarding hypodermic needles).

Once confiscated the Foster Carer, Social Worker or Residential Worker should:

- establish any facts the young person is willing to give regarding the circumstances of their possession.
- advise the young person of the potential physical dangers and possible criminal consequences of the taking/possession of illicit substances and alcohol and of their duty of care to the child/young person. Again, refer to the Screening and Referral Protocol (DAT.) for specific guidance.
- seek advice and agreement regarding sanctions and/or Police involvement as follows;
  - ◆ Foster Carers should give their view to the Social Worker and together agree action to be taken.
  - ◆ Residential Worker should consult the Social Worker **and** advise the latter of their manager's decision regarding Police.

If a child/young person refuses to hand over the item you suspect them of possessing;

Residential staff can search the home and the young person's room without their permission.

A Foster Carer, likewise, can search their own home, including the young person's room, without permission. This is on the basis that their role is to protect that person from harm and that they have a clear reason to suspect a young person of possession.

The circumstances will be outlined clearly in the home's logbook or the Foster Carer's diary. Foster Carers see Section 3 of the Foster Carers' Handbook regarding recording.

Neither residential staff nor Foster Carers should conduct a personal search of a young person or their possessions as this could be interpreted as an assault.

### **2.3) Procedures for dealing with a child/young person suspected to be under the influence of a substance /alcohol**

One of the most likely substance-related incidents in a residential home or foster home is that of a young person who presents as intoxicated by alcohol – drunk. If it is the view of the Residential Worker or Foster Carer that the young person needs medical assistance, this should be given priority over all other action. See section 5 of the DAT Screening and Referral Protocol for options.

While the young person is intoxicated, challenging his or her behaviour may be perceived by them as threatening. The young person may therefore respond with aggression or by trying to leave the residential home or carer's home. Staff/Foster Carers should respond carefully in a bid to contain rather than exacerbate the situation and thus prevent risk to themselves, the young people and others around them.



Whilst it is not appropriate to discuss the young person's behaviour with them when they are intoxicated, staff or Foster Carers should try to establish what the young person has taken or drunk. Handy hints:

- Stay calm.
- Ensure the young person is in a quiet area.
- Do **not** leave the young person on their own.
- Try to establish what the young person has taken.
- Seek medical advice/assistance.
- If treatment is sought, any suspect substance should be shown to the medical practitioner.
- Vomit should be safely collected if possible for medical analysis.
- **If an overdose is suspected call an ambulance immediately**

#### **2.4) Contacting the Police**

There is no legal obligation for residential staff/or Foster Carers to contact the Police when a drug or drink incident or offence has been discovered. Contact is at the discretion of the residential home manager or the young person's Social Worker or Team Manager if they are in a foster placement.

Practitioners should be aware of the principles which underpin the drive to reduce offending behaviour in children looked after. The NACRO Good Practice Handbook (July 2005) gives clear guidance.

If the incident is within the home, the staff member/Foster Carer should co-operate with the Police should a search of the premises be needed. Senior managers will be informed along with the Commission for Social Care Inspection (for residential situations). A staff member should accompany officers carrying out any search and note the process and any damage, if this occurs. A Foster Carer would be expected to co-operate likewise.

In the event of a serious incident the Police may ask to interview the young person(s) in which case parents must be notified and/or the Service Manager of the young person(s) should they be subject to a Care Order (S31 CA 1989) or parental agreement cannot be found for any reason. Parents can be the 'responsible adult' or give authority to another person to undertake this task.

Foster Carers ought **not** to undertake the role of responsible adult in this situation but should seek this via EDT (if outside office hours) or via the Social Worker.

From August 2004, all children/young people aged between 14-17 will receive a mandatory drug test in the event of being arrested for 'trigger' related offences i.e. theft offences, excluding shop lifting and auto offences. Please refer to the information relating to this procedure.

The joint information sharing protocol developed by South Tees Youth Offending Service and Middlesbrough Children, Families and Learning Department gives details in respect of how and what information should be shared.

## **2.5) Limits of Confidentiality**

Young people who disclose information about their own substance use, or that of people they know, must be reminded that Foster Carers and staff cannot offer absolute confidentiality. Foster Carers should follow Middlesbrough Council's guide on confidentiality (outlined in their Handbook Section 3) and residential staff the guidance provided by their agency.

## **3. Hypodermic Needles**

**In the event of discovering a hypodermic needle the incident should be recorded and actions taken as follows;**

**Safe collection and disposal of discarded needles or syringes.**

Staff or Foster Carers maybe at risk of infection from this type of waste disposal. Specific training is therefore required along with information and instruction on safe handling.

### **Do's and Don'ts**

- Don't attempt to pick up a needle or sharp by hand. Litter handling tongs and sharps containers must always be used.
- If you do not have the necessary equipment, telephone Middlesbrough Council's Environmental Services Department on 01642 726001. They will despatch a Rapid Reaction Team to remove the syringe/needle/sharp.

- If you do have the necessary equipment; take the sharps container and tongs to the discarded sharp NOT vice versa.
- Place the sharps box on the ground, open it and pick up the needle/syringe with the tongs.
- Place the needle/syringe inside the sharps box with the needle facing down.
- Close the sharps box ensuring the lid is locked into position.  
Environmental Services should be contacted to collect the sharps container.

### **3.1) Training**

All staff who have responsibility for the collection and/or disposal of discarded needles and those Foster Carers who anticipate that they may, at some point, be in this situation, should undertake training in how to safely dispose of discarded needles and what to do in the event of a needle stick injury. Foster Carers can refer to their handbook Section 5 'Health,' for general guidance and Section 9 which refers specifically to drugs and substance use and misuse.

### **3.2) Vaccination**

Any staff with responsibility for the collection and/or disposal of discarded needles should be offered a free Hepatitis B vaccination course. Foster Carers have been invited to have the Hepatitis B vaccination (via own GP, funded by PCT) and should be reminded that this is still on offer.

### **3.3) Needle Stick Injury**

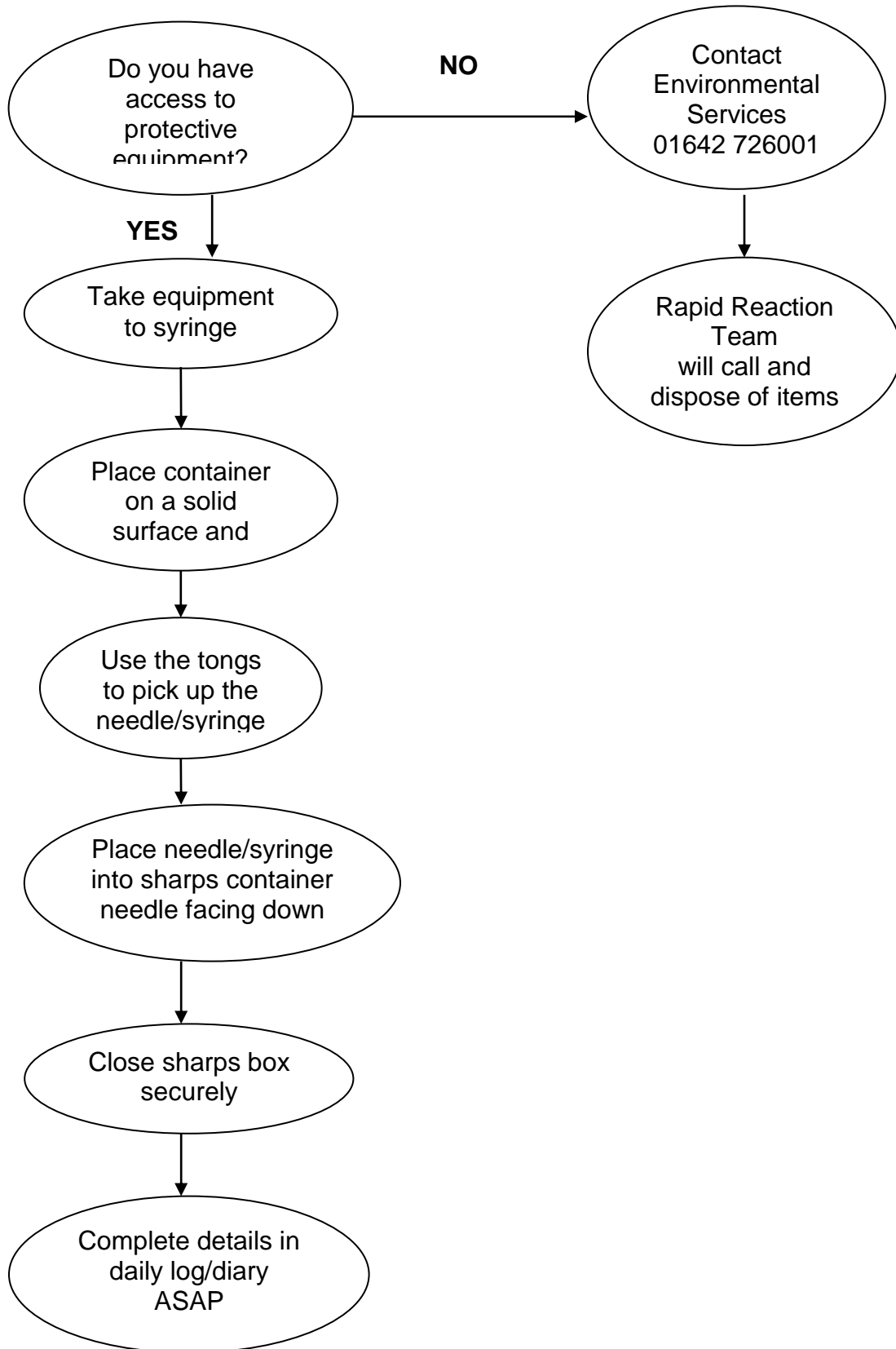
Use of the correct protective equipment reduces greatly the risk of sustaining a needle stick injury. However, if an injury does occur:

- encourage the wound to bleed but do NOT suck the wound.
- hold the wound under clean running water.
- cover the wound with a clean, dry dressing.
- residential/staff report the injury following usual accident reporting procedures and report incident to the manager of the home.
- Foster Carers record injury in their diary and report to their Supervising Social Worker.
- Attend the nearest Accident and Emergency Department immediately.

### **3.4) Reporting**

Incidents of discarded needles should be monitored effectively. All discarded needles found and disposed of must be recorded and log sheets completed (in residential homes) or diary recordings should be made by Foster Carers. At the time of writing, it is not a requirement to report discarded syringes to Environmental Services if they have been safely disposed of. However, Environmental Services will respond to calls to dispose of the items (as outlined earlier) and, in so doing, will also keep an electronic log of essential information.

**3.5 Action – at a glance – upon discovering a discarded needle/syringe**



#### **4. Implementation of the Policy**

This policy is to be provided to all Middlesbrough Foster Carers, all residential homes used by Middlesbrough's children and all practitioners working with Children Looked After. It is to be used in conjunction with the DAT Protocol which contains specific information about screening and referral.

#### **5. Monitoring and Evaluation**

This policy will be reviewed every 3 years by the Children Looked After Planning and Implementation Group. Evaluation of the policy will arise via discussion within the Health Facilitators Group, and Foster Carer feedback.

#### **6. Glossary of Terms**

##### **'Drug'**

This document uses the word 'drug' to refer to any psychotropic substance i.e. one which alters one's mood which would include illegal drugs, illicit use of prescription drugs and volatile substances but excludes tobacco.

##### **Substance Use and Misuse**

The Health Advisory Service (HAS) report (1996) states: "one off and experimental use of drugs and alcohol cannot, in itself, be seen as indicative of having caused harm or being related to any personal disorder."

The fact that a young person has taken a substance should not lead to an assumption that there is a problem or condition to be treated. It is essential, though, to recognise that all substances taken by a young person can cause them harm.

This document therefore distinguishes between varying conditions on a continuum of seriousness and looks at interventions most appropriate to each. (Drug Scope 2002).

### **Substance Misuse**

Is defined as 'substance taking that harms health or social functioning.' Substance misuse maybe dependent use (physical or psychological) or use that is part of the wider spectrum of problematic or harmful behaviour (HAS 1996). Substance misuse, as defined here, will require appropriate treatment interventions.

### **Substance Use**

Is defined as 'the taking of a substance that requires a lower level of intervention than treatment.' Harm can still occur through substance use, be that through intoxication, legal action against the user or health and social problems. These issues may not be immediately apparent. Substance use will require an appropriate level of intervention, e.g. education. Advice, information and prevention work will reduce the potential for harm.

### **Information**

Refers to verbal and written statements which present the facts (as they are understood at the time), without opinion or interpretation.



## **Advice**

Refers to a brief consultation to provide someone with appropriate, accurate information and give suggestions about how to act on that information. Advice may include: offering a view of the situation or problem faced by the young person; advocating a particular course of action; presenting a range of options and possible consequences.

## **Treatment**

Is an intervention intended to remedy the identified problem or condition related to the young person's physical, behavioural and psychological wellbeing. Treating a young person for substance misuse begins with a full assessment and delivery of treatment within a care plan. Treatment options may include a variety of interventions offered through a specialist substance misuse service, medical and/or mental health professionals.

## **7. Who Does What in Middlesbrough?**

- **Action Together**
  - ◆ client group - children aged 5-13 years
  - ◆ service offered – fun activities for those affected by significant adults using alcohol and/or drugs
  - ◆ contact 01642 516365/516375

- **Community Drug Team**

- ◆ client group – those affected by taking drugs or affected as a result of someone taking drugs
- ◆ service offered - support off drugs
- ◆ contact – 01642 230555

- **Curriculum Development Drugs and Alcohol**

- ◆ client group - young people aged 13-19 years
- ◆ service offered - information/counselling sign posting
- ◆ contact - 01642 817749

- **Drugs Action Team**

- ◆ client group - young people up to 19 years.
- ◆ service offered - strategic planning.
- ◆ contact – 01642 324028.

'Screening Protocol for Young People's Substance Use and Misuse in Middlesbrough' is attached as Appendix 1.

- **Eclipse**

- ◆ client group - young people aged up to 19 years. (Tiers 1 and 2).
- ◆ service offered - harm minimisation assessment, counselling, referrals for medical or psychiatric support
- ◆ contact - 01642 226645

- **Make a Change**

- ◆ client group - young people up to 18 years
- ◆ service offered - Tier 3 interventions, drug treatment and diversionary activities
- ◆ contact - 01642 317293

- **Youth Offending Service – South Tees**

- ◆ client group - through arrival justice route – 10-17 years
- ◆ service offered - information, advice for young people, parents, carers and professionals and referral to Tier 3 Services
- ◆ contact - 01642 501500

## **National Numbers**

- **'Frank'**

- ◆ client group - anyone concerned about drug or solvent misuse
- ◆ service offered - advice and information
- ◆ contact - 0800 776600

- **Hope UK**

- ◆ client group - all ages
- ◆ service offered – provision of training materials to parents, groups, schools, youth leaders and churches
- ◆ contact - 02079280848

Middlesbrough Council's Website may be accessed for further information on [www.middlesbrough.gov.uk](http://www.middlesbrough.gov.uk)

## **Middlesbrough Alcohol and Drug Screening and Referral Protocols**

### **1. Introduction**

As a result of the 2005 implementation paper Every Child Matter Change for Children: Young People and Drugs. There is now a requirement that all children looked after (aged 8 – 18 years) and all young people in touch with the Youth Offending Service are screened for alcohol and drug use issues. This is to ensure that problems are identified at the earliest possible stage and appropriate interventions put in place to prevent the issues from escalating.

There is also an expectation that systems will be developed locally to ensure that persistent truants, excludees and NEET young people (16-19 years) are screened.

The purpose of the early screening is to ensure that young people with alcohol and drug related issues do not fall through the net, that problems are identified at the earliest possible stage and appropriate interventions put in place to prevent the issues from escalating whilst maintaining the young person at the lowest possible tier of intervention.

The identification of alcohol and drug related issues via screening should be thought of in the same way as the identification of child protection issues. It is not a discreet process requiring yet another form it is a professional judgement on the risk factors a young person is exposed to.

The protocols developed in this document are for use by:

#### **a) Tier One Staff**

These are staff in generic and primary care services, who work directly with, or come into regular contact with children, young people (under 19), and their families. Working with children and young people in their own environment makes these professionals best placed to recognise and screen for substance related issues and to provide advice and information to the young person and their family.

#### **b) Tier Two Staff.**

These are staff working in frontline youth orientated services are essential to providing screening, brief interventions, advice and information about substance use and misuse, particularly for vulnerable young people. Without the involvement of these services a specialist service could never hope to reach all the substance related needs of young people in an area.

The protocols are for use with young people up to the age of 18 years.

## 2. Screening Protocol

- 2.1 The purpose of the screening protocol is to ensure early identification of alcohol and or drug issues in a child or young person's life.
- 2.2 Screening for drug and alcohol issues should be routine for all vulnerable young people.
- 2.3 Where a young person is not in a 'vulnerable group' screening should occur when
  - There is a alcohol or drug related incident
  - A young person requests advice alcohol or drugs for them self or others
- 2.4 Each service should incorporate the process of screening for alcohol and drug issues into their existing assessment processes, both informal and formal.
- 2.5 Screening should be undertaken by staff who have attended the bespoke Eclipse course.
- 2.6 Screening for alcohol and drug issues should be conducted in a child / young person centred way and viewed in relation to other areas of their lives.
- 2.7 Where formal assessment processes do not exist, screening for alcohol and drug issues should gather information through informal means including observation and discussion.
- 2.8 Screening for alcohol and drug issues is not an intervention and as such does not require the young person's permission (consent). The young person may of course refuse to answer the questions.
- 2.9 Where informal screening for alcohol and drug issues results in the need for a referral the process should be formalised and confidentiality discussed in full with the young person prior to a referral occurring.
- 2.10 Confidentiality should be discussed in a young person centred way. It should be explained to the young person why the information is needed and what will be done with it.
- 2.11 It is good practice for the young person to sign a copy of the confidentiality form.

- 2.12 Each service should ensure all policies and procedures on confidentiality address, alcohol and drug use / misuse.
- 2.13 All staff should be inducted and trained on protocols, policies and procedures related to alcohol and drug use / misuse. They should include;
- confidentiality
  - information sharing
  - dealing with alcohol and drug related incidents
  - joint working arrangements
  - screening and referral procedures
  - consent to intervention and treatment
- 2.14 Sharing information should be addressed in information sharing protocols, covering:
- Information shared for the purposes of monitoring, research and evaluation
  - Information shared with parents for onward referral
  - Information shared with other agencies for onward referral and/or joint casework
  - Information that must be shared in order to protect the child

### 3. The Screening Process

3.1 Screening should provide information on;

- Whether alcohol, drug, solvent use occurs
- Accuracy of and gaps in knowledge around alcohol, drugs or solvents.
- If there are any risks (immediate or otherwise) related to the alcohol, drug, solvent use (health, social, legal or emotional)
- Whether the alcohol, drug, solvent use is part of complex troubling behaviour
- Whether an intervention is necessary

3.2 Where a young person is using alcohol, drugs or solvents information on the following needs to be gathered in order to identify the appropriate education, and intervention options:

- The substances used
- The amount of use
- The frequency of use
- The route of use

3.3 Consideration should be given as to whether there are any Child Protection issues, either in relation to the alcohol, drug solvent use or any other presenting factors.

3.4 Following the screening process, practitioners should consider all the information; identify any needs in relation to alcohol / drug use or other related areas and discuss with the young person the options.

3.5 Options include;

- The continued involvement of the worker
- Alcohol / drug awareness and education
- Targeted information and advice, including harm minimisation advice
- Referral to Eclypse
- Referral to a tier 2 service for counselling, diversionary activities, independent living skills
- Referral to Make a Change (tier 3) for structured treatment interventions
- Referral for a child protection concern
- No further action

**NOTE: More than one of the above options is possible simultaneously**

3.6 Following screening practitioners should contact Eclypse for advice and support if:

- They are unsure about the need to refer or where to refer a young person to
- They can meet the young person's needs but needs some support to do so

3.7  Name and address need not to be disclosed, so the young person can be discussed without disclosing confidential information.

3.8 Following screening lead practitioner responsibilities should be defined and noted in line with the Every Child Matters lead professional guidelines.



#### **4. Advice and information**

- 4.1 Children and young people are entitled to seek advice / information without telling their parents or legal guardians.
- 4.2 It is good practice for workers to encourage a young person to involve parents / carers, even if the young person is seeking advice and information.
- 4.3 Parent / carer involvement should be addressed within the confidentiality policy and procedures of the service conducting the screening.
- 4.4 Services are under no legal obligation to inform parents or Children, Families and Learning that a young person has sought advice. In order to give advice and information appropriate to the young person's needs a screening should be conducted.
- 4.5 Confidentiality should be maintained if the young person is requesting advice, information and onward referral, unless there are child protection concerns.

## 5. Referral Protocol

- 5.1 All referrals must be made on a multi agency referral form.
- 5.2 If referring to Make a Change, referrers must speak directly to a young person's specialist worker.
- 5.3 Where possible positive information regarding the young person should be recorded on the referral form to assist the agency receiving the referral to engage with the young person.
- 5.4 The views and wishes of a child or young person about referral need to be considered and their permission gained before the referral proceeds, unless there are child protection issues.
- 5.5 Referral following screening can proceed without parental involvement. However the service the young person is referred to will need to gain consent for the intervention. **This is their responsibility and it should not hold up the referral process as it may take time.**
- 5.6 If a young person prefers to take responsibility for his or her own referral, workers should facilitate this process.
- 5.7 All screening processes formal and informal should record if a referral is made and to whom.
- 5.8 Services should meet young people's alcohol and drug use related needs by referring within the tiers as well as across tiers.
- 5.9 Where possible, the initial meeting with the new service should be a three way meeting involving the worker making the referral, the young person and the worker from the new service.
- 5.10 It is desirable, although not essential, for the parent / carer to be present at the assessment meeting.
- 5.11 Where a young person is eligible for a referral but refuses to be referred contact with the young person should be maintained and support continued.
- 5.12 If the screener feels that they need professional support in continuing to support the young person they should contact Eclipse, ensuring that confidentiality around the young person is maintained at all time.

- 5.13 The aims of the referral protocol are to:
- Ensure a joint working approach to meet the identified needs of the young person and keep them at the lowest possible intervention tier.

## **6. Referral Criteria for Tier 2 services**

6.1 Referral to, or within tier 2 services should be considered when the young person needs different support from different services

6.2 Referral criteria for Eclipse are that the young person;

- Needs highly detailed information and advice, including harm reduction
- Needs to explore alternative options to using alcohol / drugs e.g. diversionary activities
- Requires support from outreach services around alcohol / drug use
- Requires a brief intervention

6.3 If you are unsure whether to refer a young person contact Eclipse for advice and guidance. Confidentiality should be maintained by the referring agency at this stage.

6.4 All referrals must be made using a multi agency referral form.

## **7. Referral Criteria for Make a Change**

7.1 Referral criteria for Make a Change are that the young person:

- Uses ANY heroin, crack, cocaine or IV amphetamine
- Regularly presents as incoherent following use of drugs and/or alcohol
- Injects drugs
- Regularly uses alcohol and or drugs in a risky manner e.g. likely to lead to overdose.
- Perceives alcohol or drug use affecting daily life
- Has a physical or mental health problem that alcohol / drug use is causing or contributing to.
- Needs a comprehensive assessment of alcohol / drug use
- Requests safer injecting advice
- Requires advice, information, or pre and post test counselling on Hepatitis B and C and HIV

## **8. Monitoring**

- 8.1 Where alcohol or drug use is identified this must be recorded on the agencies database to allow monthly returns to the CYPSP.

## **9 Evaluation of screening protocol for services**

- 9.1  All protocols will be reviewed and updated annually by Young Person's Joint Commissioning Group in collaboration with services.

## **GLOSSARY**

### **Assessment**

The purpose of a drug and alcohol assessment is to identify the needs directly or indirectly associated with drug or alcohol misuse. These needs will, in turn, determine what type of intervention should be provided. Young people experiencing drug misuse often have complex needs (Health Advisory Service 1996) and a high level of intervention may be required. A thorough assessment should be undertaken following a referral to a drug treatment service and occur prior to the provision of any intervention.

### **Children and young people**

The term 'children' refers to all those individuals who are under the age of 18, in accordance with the UN Convention on the Rights of the Child (1989). The term 'young people' is also used in this document as many services for teenagers, and teenagers themselves, prefer the term 'young people' to 'children', however we are still referring to those under the age of 18.

### **Competency:**

Competency in this document is used in the context of occupational standards. Competency in this context refers to the knowledge, skills and experience a practitioner will require in order to be able to do the job.

### **Counselling**

'Counselling' is described as the principled use of a relationship to provide someone with the opportunity to work towards living in a more satisfying and resourceful way. The relationship takes place within boundaries which may specify duration, regularity, availability and confidentiality of counselling. The counsellor's role is to facilitate the client's work in ways which respect the client's values, personal resources and capacity for self-determination. Although counselling skills may be used in a variety of informal settings, in this document the term counselling is defined as a specific structured intervention, as described above, carried out by a person who has a demonstrable competence in counselling.

### **Drugs, alcohol and substances**

The term 'drug' is used to refer to any psychotropic substance, including illegal drugs, illicit prescription drugs, and volatile substances.

Young people's drug use and misuse is often inextricably linked with alcohol use and misuse, therefore it will be common in this document to refer to drugs and alcohol together as 'substances'.

## **Intervention**

The term 'intervention' refers to the taking of a planned course of action with a young person and/or their family, by a professional, a team of professionals, and/or a specific type of service. All interventions require consent. (SCODA/Children's Legal Centre 1999)

## **Key-working**

'Key-working' is used to refer to regular and care planned meetings between a young person and an allocated professional. During these meetings various issues can be addressed including: substance use, family life, emotional problems, the co-ordination and progress of interventions, etc. Key-work should be facilitated by the use of counselling skills.

## **Substance**

Young people's drug taking is often inextricably linked to the consumption of alcohol. Therefore the term 'substance' refers to both drugs (see above) and alcohol. (Middlesbrough DAAT Screening Referral and Assessment Protocols Page 9)

## **Substance Use**

Substance use is use, which requires a lower level intervention than treatment. Harm may still occur through substance use, whether through intoxication, illegality or health problems, even though it may not be immediately apparent. Substance use requires the appropriate provision of interventions such as education, advice and information, and prevention work to reduce the potential for harm.

## **Substance misuse**

Use of a substance, or combination of substances, that harms health or social functioning - either dependent use (physical or psychological) or use that is part of a wider spectrum of problematic or harmful behaviour. Substance misuse will require treatment.

## **Screening**

Screening is a process to identify gaps in knowledge of drug, alcohol and solvents, whether drug and alcohol use occurs, if there is any related harm and whether and intervention is required. The process can be formal such as part of an assessment process or short interview, or informal such as observation and discussion. (SCODA/Children's Legal Centre 1999)

## **Screening for Substances**

A process or short interview, which should identify key factors in substance taking, (SCODA/Children's Legal Centre 1999) such as:

- gaps in knowledge of drugs, alcohol or solvents
- whether drug and alcohol taking occurs
- any related harm
- whether an intervention is required
- identification of those who require a comprehensive assessment

### **Brief Intervention**

Interventions consist of brief advice supported by self-help materials, condensed cognitive behavioural therapy or motivational interviewing, or sessions of motivational enhancement. They are usually delivered in short timeframes in community settings. Brief interventions can be delivered by non-drug specialists on a one-to-one basis. (HAS 2001)

### **Low Threshold Interventions**

This refers to providing a point of contact for the young person, which may be minimal and will not be care planned. The purpose of such interventions is to gain the trust of a young person and to provide education and advice. Under no circumstances should this relationship develop further into the provision of treatment, for example, counseling or needle exchange, without first completing an assessment and consent being gained.

### **Treatment**

Treatment is defined as an intervention, which is intended to remedy an identified problem or condition in relation to an individual's physical, behavioural, and psychological well being. Treating a young person for drug misuse will require a full assessment and the treatment will be delivered within a plan, according to the agreed procedures for case management. (SCODA/Children's Legal Centre 1999)

### **Vulnerable Young People**

Drug and alcohol use and misuse is described by the HAS report (2001) as not being *uniformly distributed* amongst young people. Lloyd (1998) identified as being vulnerable include; 'looked after' children, the homeless, young offenders, prostitutes, truants or school excluses, young people with mental health or behavioural problems, and those in families where there is drug and/or alcohol misuse.

**Does Alcohol / Drug Use Occur?**

**Yes**

Is the drug used heroin, crack, cocaine or IV amphetamine?

**Yes**

Telephone Referral to MAC using multi agency referral form information

Encourage parental / carer involvement in process

Where possible attend the initial MAC appointment with yp and remain engaged with yp

**No**

Remain engaged with yp but alert to any changes in alcohol / drug use / knowledge

**No**

Is alcohol / drug use having a significantly adverse effect on any other aspects of the yo's life?

**Yes**

**No**

Are there gaps or inaccuracies in knowledge about alcohol / drugs that could lead to risk/harm?

**Yes**

**No**

Do you feel confident to address the gaps?

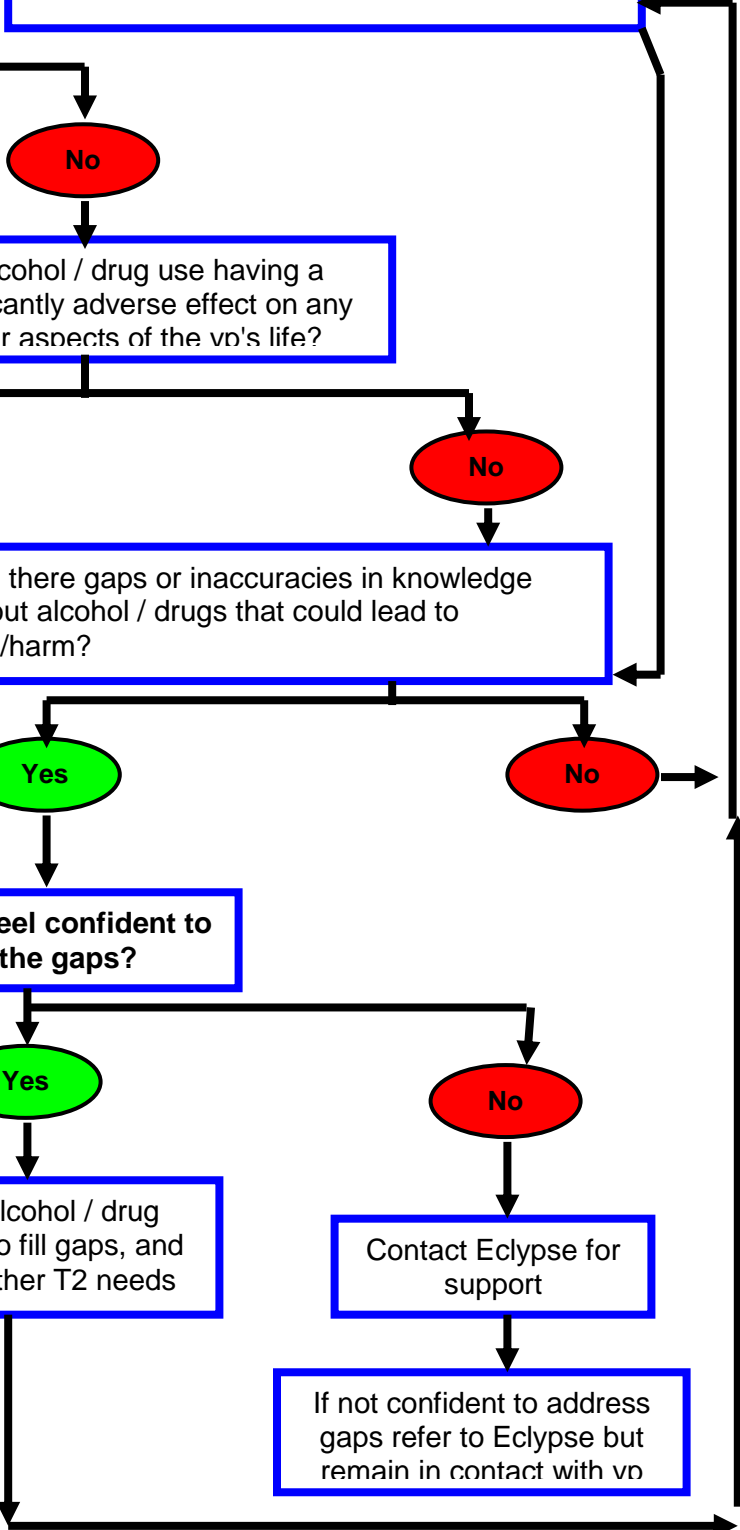
**Yes**

**No**

Provide alcohol / drug education to fill gaps, and consider other T2 needs

Contact Eclypse for support

If not confident to address gaps refer to Eclypse but remain in contact with yo





## Practitioner Summary Guide

### Middlesbrough alcohol and drug screening and referral protocols

#### 1. Introduction

As a result of the 2005 implementation paper Every Child Matter Change for Children: Young People and Drugs. There is now a requirement that all children looked after (aged 8 – 18 years) and all young people in touch with the Youth Offending Service are screened for alcohol and drug use issues. This is to ensure that problems are identified at the earliest possible stage and appropriate interventions put in place to prevent the issues from escalating.

There is also an expectation that systems will be developed locally to ensure that persistent truants, excludes and NEET young people (16-19 years) are screened.

The purpose of the early screening is to ensure that young people with alcohol and drug related issues do not fall through the net, that problems are identified at the earliest possible stage and appropriate interventions put in place to prevent the issues from escalating whilst maintaining the young person at the lowest possible tier of intervention.

The identification of alcohol and drug related issues via screening should be thought of in the same way as the identification of child protection issues. It is not a discreet process requiring yet another form it is a professional judgement on the risk factors a young person is exposed to.

The protocols developed in this document are for use by:

#### **b) Tier One Staff**

These are staff in generic, and primary care services, who work directly with, or come into regular contact with children, young people (under 19), and their families. Working with children and young people in their own environment makes these professionals best placed to recognise and screen for substance related issues and to provide advice and information to the young person and their family.

#### **b) Tier Two Staff.**

These are staff working in frontline youth orientated services are essential to providing screening, brief interventions, advice and information about substance use and misuse, particularly for vulnerable young people. Without the involvement of these services a specialist service could never hope to reach all the substance related needs of young people in an area.

## **Screening:**

**Ensuring early identification of alcohol and / or drug issues in a young person's life.**

2.1.1 Screening should be routine for all vulnerable young people.

2.2 Screening is a process informal or formal to identify:

- **Whether alcohol, drug, solvent use occurs**
- **Accuracy of and gaps in knowledge around alcohol, drugs or solvents.**
- **If there are any risks (immediate or otherwise) related to the alcohol, drug, solvent use (health, social, legal or emotional)**
- **Whether their alcohol, drug, solvent use is part of complex troubling behaviour**
- **Whether an intervention is necessary**

2.3 If alcohol, drugs or solvents are being used the following additional information is needed to identify the appropriate education / intervention option.

- **The substances used**
- **The amount, frequency and route of use**

2.4 Options should be discussed with the young person and include;

- **The continued involvement of the worker**
- **Alcohol / drug awareness and education**
- **Targeted information and advice, including harm minimisation advice**
- **Referral to Eclipse**
- **Referral to a Tier 2 service for counselling, diversionary activities, independent living skills**
- **Referral to Make a Change for structured treatment interventions**
- **Referral for a child protection concern**
- **No further action**

**NOTE: More than one of the above options is possible simultaneously**

**2.5 Following screening practitioners should contact Ecylpse for advice and support if:**

- **They are unsure about the need to refer or where to refer a young person to**
- **The worker feels they can meet the young person's needs but needs some support to do so**

## **Referral**

### **Ensuring appropriate services are accessed to address identified issues**

#### **Referral Criteria for Tier 2 services**

- ❖ Referral to, or within tier 2 services should be considered when the young person needs different support from different services
- ❖ Referral criteria for Eclipse the young person;

- **Needs highly detailed information and advice, including harm reduction**
- **Needs to explore alternative options to using alcohol / drugs e.g. diversionary activities**
- **Requires support from outreach services around alcohol / drug use**
- **Requires a brief intervention**

- ❖ If you are unsure whether to refer a young person contact Eclipse for advice and guidance. Confidentiality should be maintained by the referring agency at this stage.
- ❖ All referrals must be made using the multi agency referral form.

#### **Referral Criteria for Make a Change (Tier 3 service)**

- ❖ Referral criteria for MAC the young person;

- **Uses ANY heroin, crack, cocaine or IV amphetamine**
- **Regularly presents as incoherent following use of drugs and/or alcohol**
- **Injects drugs**
- **Regularly uses alcohol and or drugs in a risky manner e.g likely to lead to overdose.**
- **Perceives alcohol or drug use affecting daily life**
- **Has a physical or mental health problem that alcohol / drug use is causing or contributing to.**
- **Needs a comprehensive assessment of alcohol / drug use**
- **Requests safer injecting advice**
- **Requires advice, information, or pre and post test counselling on Hepatitis B and C and HIV**

❖ All referrals should be made by phone to a member of the MAC team using the multi agency referral form and where possible information on:

- **The substances used**
- **The amount, frequency and route of use**
- **History of use**